

APPLICATION FOR OCCUPATIONAL OPERATOR LICENSE

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|------------------------------------|---------------------------------|-----------------------|-----------------------------------|
| (1) Applicant Name - First MI Last | Birth Date - Month - Day - Year | Driver License Number | Telephone (7:30 a.m. - 5:00 p.m.) |
|------------------------------------|---------------------------------|-----------------------|-----------------------------------|

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|----------------|----------|---|
| (2) Occupation | Employer | (3) Occupational License Uses - Check ALL Necessary |
| | | <input type="checkbox"/> Church <input type="checkbox"/> Emergency Service Provider |
| | | <input type="checkbox"/> Homemaker |
| | | <input type="checkbox"/> Student at: _____ |

(4) List all the Counties or States in which you will be driving - Be sure to include your County of Residence

Have you enrolled in a Driver Safety Plan? ☐ Yes ☐ No

If Yes, be sure to list below the hours you will need to drive to attend.

- (5) **Actual Daily Driving Time** - List only the hours you will actually be driving, beginning with the time you **start** driving and ending when you **stop** driving. You can legally drive only during the times listed. Do **NOT** exceed 12 hours for any one day and no more than 60 hours for an entire week. Indicate **A** for a.m. and **P** for p.m. Use **12 M** for midnight & **12 N** for noon. Start and Stop times must end in either :00, :15, :30 or :45. For example, if it takes you 35 minutes to go to your place of employment and you start at 10:00 a.m., list your Start as 9:15 a.m. and your Stop as 10:00 a.m. Do **NOT** list hours starting on one day and ending on the next. Example: If you need to drive 10 p.m. - 2 a.m. on Saturday, list your hours as 10 p.m. - 12 midnight on Saturday and 12 midnight to 2 a.m. on Sunday.

| Monday | | | | Tuesday | | | | Wednesday | | | | Thursday | | | | Friday | | | | Saturday | | | | Sunday | | | |
|--------|------------|------|------------|---------|------------|------|------------|-----------|------------|------|------------|----------|------------|------|------------|--------|------------|------|------------|----------|------------|------|------------|--------|------------|------|------------|
| Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N | Start | A/P or M/N | Stop | A/P or M/N |
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- (6) **Total Driving Time**- Actual driving time cannot be more than 12 hours for any one day and no more than 60 hours for the entire week.

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|--|---------------|-----------------|-----------------|--------------|----------------|----------------------|
| Monday Hours | Tuesday Hours | Wednesday Hours | Thursday Hours | Friday Hours | Saturday Hours | Sunday Hours |
| Applicant Certification - Operating a motor vehicle, at the times and at the locations specified in this application, is necessary for fulfilling the duties of my occupation described above. | | | | | | Total Hours |
| (7) Applicant Signature X | | | | | | Examiner ID |
| Date | | | | | | |
| Circuit Court | | | Court Signature | | | Court Signature Date |